BEST AVAILABLE COPY

BEST AVAILABLE JUPY

									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								09758381					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL YPE	ENTITY	OR	OTHER		
TOTAL CLAIMS							RATE		FEE	7	RATE	FEE	
FOR			NUMBER FILED NUMB			ER EXTRA	8	BASIC FI	EE 355.0	0 OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			5 minus 20= * C					X\$ 9=	. 1	OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 = * O					X40=		OR	Vás		
ΜU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+135=			OR			
* If the difference in column 1 is less than zero, enter "0" in colum						column 2	L	_					
CLAIMS AS AMENDED - PART II								TOTAL	- [≥ OR		THAN	
		(Column 1)				(Column 3)		SMAL	L ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=		OR	»» X80=		
Ľ	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					┢	405	-	7		N.	
							L	+135=		OR	+270= TOTAL		
								TOTAL OR-AI					
	(Column 1) (Column 2) (Column 3									بمبر			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	∴X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDEN	I CLAIM		\	+135=	:	OR	+270=		
								TOTA		OR	TOTAL ADDIT. FEE		
		(Column 1) (Column 2) (Column 3)								_	-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT	Г	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**	:	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=			X80=	<u> </u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR			
** If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		imber Previously Pa nber Previously Pa					er foun	nd in the	appropriate	box in c	olumn 1.		